U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

2004 Through: 12 /

4. Name, file number, and address of labor organization.

31

Name Aldon J Young	Name United Bro. of Carpenters Local Union 953		
	Labor Organization File Number 034 003		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3851 Levee Loop Road	Street 149 West 18th Street		
City Lake Charles	City Lake Charles		
State Louisiana ZIP Code + 4 70607	State Louisiana ZIP Code + 4 70601		
5. Position in labor organization. Vice President			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or comonetary value from an employer whose employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Alder Sylpanes	On 7-22-05 (337) 478-7297 Date Telephone Number		

Name of Person Filing Aldon Young		File Number U -	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business yely seeking to represent, or lirectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar valu	le of such dealing	
City	12.a. Nature of interest held	>//****///****************************	
State ZIP Code + 4			
	12.b. Amount.	Bitthe solving as desire and attendation of the Control of the Con	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name		de anticologia de la companya del companya de la companya del companya de la companya del la companya de la com	
Trade Name, if any:		the state of the s	
P.O. Box, Bldg., Room No., if any			
Street			
City		Account of the second of the s	
State ZIP Code + 4			
hannanin maninin manin			